

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only  
International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 14622.1WOU1

### Box No. I TITLE OF INVENTION

PREDICTING RESPONSE AND OUTCOME OF METASTATIC BREAST CANCER ANTI-ESTROGEN THERAPY

### Box No. II APPLICANT

This person is also inventor

Name and address:	<i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
ERASMUS MC Room 424 P.O. Box 1738 3000 DR Rotterdam Netherlands		Facsimile No.
		Teleprinter No.
		Applicant's Registration No. with Office

State (that is, country) of nationality: NL	State (that is, country) of residence: NL
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This person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

### Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address:	<i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	This person is:  <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only ( <i>If this check-box is marked, do not fill in below.</i> )  Applicant's registration No with Office
BERNS, Petronella M.J.J.  Dordrecht Netherlands		

State (that is, country) of nationality: NL	State (that is, country) of residence: NL
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This person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

### Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:  agent  common representative

Name and address:	<i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>	Telephone No. 612/ 371-5268
KETTELBERGER, Denise M. Merchant & Gould P.C. P.O. Box 2903 Minneapolis, Minnesota 55402-0903 United States of America		Facsimile No. (612) 336-4751
		Teleprinter No.
		Agent's Registration No. with Office 33,924

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III

## FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

*If none of the following sub-boxes is used, this sheet is not to be included in the request.*

Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  JANSSEN, Maurice P.H.M.  Rotterdam Netherlands		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only ( <i>If this check-box is marked, do not fill in below.</i> )  Applicant's registration No. with Office	
State (that is, country) of nationality: NL		State (that is, country) of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  FOEKENS, John A.  Rotterdam Netherlands		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only ( <i>If this check-box is marked, do not fill in below.</i> )  Applicant's registration No. with Office	
State (that is, country) of nationality: NL		State (that is, country) of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  KLIJN, Joannes G.M.  Rotterdam Netherlands		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only ( <i>If this check-box is marked, do not fill in below.</i> )  Applicant's registration No. with Office	
State (that is, country) of nationality: NL		State (that is, country) of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  Further applicants and/or (further) inventors are indicated on another continuation sheet.		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only ( <i>If this check-box is marked, do not fill in below.</i> )  Applicant's registration No. with Office	
State (that is, country) of nationality: NL			
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			

**Box No. V DESIGNATIONS**

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- DE Germany is not designated for any kind of national protection
- KR Republic of Korea is not designated for any kind of national protection
- RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which the priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain of States.)

**Box No. VI PRIORITY CLAIM**

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: * regional Office	international application: receiving Office
item (1) 05 December 2003 05.12.2003	60/527,608	US		
item (2)				
item (3)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

- all items
- item (1)
- item (2)
- item (3)
- other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY****Choice of International Searching Authority (ISA)**

(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year):      Number:      Country (or regional Office):

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark applicable check-boxes below and indicate in the right column the number of each type of declaration):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to identity of the inventor  | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as to the international filing date, to apply for and be granted a patent              | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as to the international filing date, to claim the priority of the earlier application. | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designations of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty  | : |

Box No. IX	CHECK LIST; LANGUAGE	FILING	
This international application contains:		This international application is accompanied by the item(s) marked below:	
(a) in paper form, the following number of sheets:		1. <input checked="" type="checkbox"/> fee calculation sheet	Number of items
request (including declaration sheets)	: 4	2. <input type="checkbox"/> original separate power of attorney	1
description (excluding sequence listing and/or tables related thereto)	:	3. <input type="checkbox"/> original general power of attorney	0
claims	:	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	0
abstract	:	5. <input type="checkbox"/> statement explaining lack of signature	
drawings	:	6. <input type="checkbox"/> priority document(s) identified in Box No VI as item(s):	
<b>Sub-total number of sheets</b>	:	7. <input type="checkbox"/> translation of international application into (language):	
sequence listing	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
tables related thereto	_____	9. <input type="checkbox"/> sequence listing in computer readable form ( <i>indicate type and number of carriers</i> )	,
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	
Total number of sheets	:	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column	
(i) <input type="checkbox"/> sequence listing		10. <input type="checkbox"/> tables in computer readable form related to sequence listing ( <i>indicate type and number of carriers</i> )	,
(ii) <input type="checkbox"/> tables related thereto		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)	
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	
(i) <input type="checkbox"/> sequence listing		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column	
(ii) <input type="checkbox"/> tables related thereto		11. <input checked="" type="checkbox"/> Other (specify): Gen. Transmittal (in dupl), Return Postcard.	
Figure of the drawings which should accompany the abstract: 0	Language of filing of the international application: English		

**Box No. X SIGNATURE OF APPLICANT OR AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

By \_\_\_\_\_  
Kettelberger, Denise M.

		For receiving Office use only
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	2. Drawings:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	<input type="checkbox"/> received: <input type="checkbox"/> not received:	
5. International Searching Authority (if two or more are competent): ISA/	6. Transmittal of search copy delayed until search fee is paid	

## For International Bureau use only

Date of receipt of the record copy by the International Bureau:

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

Applicant's or agent's file reference 14622.0001 WOU1		International application No.
Applicant ERASMUS MC		Date stamp of the receiving Office
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. TRANSMITTAL FEE	300	T
2. SEARCH FEE		S
International search to be carried out by EP <i>(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)</i>		
3. INTERNATIONAL FILING FEE	Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } Where items (b) and/or (c) of Box No. IX do not apply, enter Total number of sheets } 4	
i1 first 30 sheets.....		i1
i2 0 x 12 =	0	i2
number of sheets in excess of 30		
i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii):		
400 x 0 =	0	i3
Add amounts entered at i1, i2 and i3 and enter total at I.....	I	
(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the international filing fee.)		
4. FEE FOR PRIORITY DOCUMENT .....	20	P
5. TOTAL FEES PAYABLE	320	
Add amounts entered at T, S, I and P, and enter total in the TOTAL box .....	TOTAL	
<b>MODE OF PAYMENT</b>		
<input checked="" type="checkbox"/> authorization to charge deposit account (see below)	<input type="checkbox"/> bank draft	<input type="checkbox"/> coupons
<input type="checkbox"/> cheque	<input type="checkbox"/> cash	<input type="checkbox"/> other (specify)
<input type="checkbox"/> postal money order	<input type="checkbox"/> revenue stamps	
<b>DEPOSIT ACCOUNT AUTHORIZATION</b> (this mode of payment may not be available at all receiving Offices)		
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	Receiving Office: RO/US	
<input checked="" type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit.) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account Number: 13-2725	
<input checked="" type="checkbox"/> Authorization to charge the fee for priority document.	Date: 03.12.2004	
	Name: Denise, M. Kettelberger	
Signature:		